

EMAIL: SALES@TULSAWELDS.COM

WWW.TULSAWELDS.COM

SALES SERVICE

RENTAL

	APPLI(CATION FO	OR CREDIT			
	BILL	ING INFORI	MATION			
				DATE		
LEGAL BUSINESS NAME						
DBA IF DIFFERENT						
BILLING ADDRESS						
CITY		STATE		ZIP		
PHONE		FAX				
ACCOUNTS PAYABLE CONTACT					_	
A/P PHONE		A/P FAX				
A/P EMAIL ADDRESS					_	
DO YOU WISH TO RECEIVE INVOICE	ES VIA EMAIL?		YES	NO		
INVOICE EMAIL ADDRESS						
DO YOU WISH TO RECEIVE INVOICES VIA US MAIL?			YES	NO		
DO YOU WISH TO RECEIVE INVOICES VIA FAX?			YES	NO		
INVOICE FAX NUMBER						
DOES APPLICANT REQUIRE:				_		
HARDGOOD PO	YES	NO	GAS PO	YES	NO	
SHIPPING INFOR	MATION (IF DIFF	ERENT) PLEA	SE SUBMIT ALL D	ELIVERY ADDF	RESSES	
SHIPPING ADDRESS	•	•				
CITY		STATE		ZIP		
PHONE		FAX				
SHIPPNG CONTACT					_	
SHIPPING CONTACT EMAIL ADDRE	 :SS				_	
	BUS	INESS INFOR	MATION			
BUSINESS TYPE CORPORATION		INDIVIDUAL				
FEDERAL TAX ID NUMBER			YEARS IN BUSINESS	5		
PRINCIPAL		Т	ITLE			
		_			_	
		_			-	
		_			_	
SALES TAX EXEMPT PERMIT NUM	 MBER	_	EXPIRATION		_	
FARM TAX EXEMPT PERMIT NUM	 MBER		EXPIRATION			
****IF PURCHASES ARE TAX EXEN		R MUST HAVE ON			TE. PLEASE ATTACH	
A COPY OF YOUR STATE ISSUE						
OFFICE USE ONLY CREDIT LIMIT			SALES REP			
DATE		APPROVED BY				
P / 11 E		ALLINOVED DI				

BY SUBMITTING THIS CREDIT APPLICATION THE APPLICANT HAS READ AND ACCEPTS TULSA GAS & GEAR'S TERMS AND CONDITIONS LISTED AT WWW.TULSAWELDS.COM



SALES

SIGNATURE/TITLE

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RENTAL

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	BUSINESS 1	TRADE REFEREN	NCES	
NAME		NAME		
ADDRESS		ADDRESS		
CITY		CITY		
STATE	ZIP	STATE	ZIP	
PHONE		PHONE		
FAX		FAX		
NAME		NAME		
ADDRESS		ADDRESS		
CITY		CITY		
STATE	ZIP	STATE	ZIP	
PHONE		PHONE		
FAX		FAX		
	BANK CR	EDIT REFEREN	CE	
NAME OF BANK				
ADDRESS				
CITY	STATE		ZIP	
PHONE		FAX		
TYPE OF ACCOUNT				
ACCOUNT NUMBER				
BANK CONTACT				
GEAR LLC, TO INQUIRE OR S OF YOUR CREDIT DEPARTMI	UBMIT FOR CREDIT INFORMATION ON	THE ABOVE. OUR . APPLICANT'S SIG	RRECT. WE ALSO GIVE AUTHORIZATION TO TULUNDERSTANDING IS THAT THIS INFORMATION NATURE ATTESTS FINANCIAL RESPONSIBILITY,	I IS FOR USE
*	****MUST BE SIGNED BY SOME	ONE AUTHORIZ	ZED TO SIGN CHECKS****	
APPLICANT (LEGAL BUSINES	S NAME)			
ADDRESS	STATE		ZIP	

DATE